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22801 7590 11/30/2004

LEE & HAYES PLLC
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SPOKANE, WA 99201

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<i>Naimi Tovar</i>	(Depositor's name)
<i>Naimi Tovar</i>	(Signature)
1-11-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/599,299	06/21/2000	Sarita M. James	MS1-559US	6995

TITLE OF INVENTION: METHODS, SYSTEMS, ARCHITECTURES AND DATA STRUCTURES FOR DELIVERING SOFTWARE VIA A NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	02/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZHEN, WEI Y	2122	717-178000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MICROSOFT CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

REDMOND, WASHINGTON

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0463 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Paul Heynsseens

Date

1/11/05

Typed or printed name

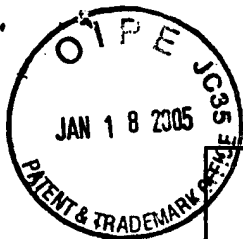
PAUL HEYNSSEENS

Registration No.

47,648

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/599,299
	Filing Date	June 21, 2000
	First Named Inventor	Sarita M. James
	Group Art Unit	2122
	Examiner Name	Wei Y. Zhen
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	154625.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) (# sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT					
Signature		Reg. No.		47,648	
Name of Attorney or Agent		Paul Heynssens			
Date	January 11, 2005	Tel.	(425) 707-3913	Facsimile No.	(425) 936-7329
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Customer Number:		22971			